**Council Rock School District**

**2013-2014 OTS Workshop Template**

Please submit workshop template at least one week prior to:

* Ann DeMaio – all workshops except special education
* Chuck Lambert - all special education workshops

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| **Workshop Title** |  | |
| **Workshop Description** |  | |
| **Facilitator(s)** |  | |
| **Date, Day, and Time** |  | |
| **Location – Building and Room** |  | |
| **Audience for Workshop** |  | |
| **Seat Limit** |  | |
| **Hardware Needs:**  **(laptop, projector, whiteboard, computer lab, etc.)** |  | |
| **Software to be used** |  | |
| Please check the domains below that most directly relate to the content of your workshop.  Optional: you may select specific components of each relevant domain by using the dropdown under each domain.    **Planning and Preparation**    **Classroom Environment**    **Instruction**      **Professional Responsibilities**      **Other** | | |
| **Anticipated Costs:** | |  |
| **How will the design of this activity support content, pedagogy, or other needed skills?** | |  |
| **Date Submitted:** | |  |
| **Central Administration Approval**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |

*Revised 4/23/13 dd*